

**July 2000**

**WEST VIRGINIA INFORMATIONAL LETTER**

**NO. 122**

**TO: ALL HEALTH MAINTENANCE ORGANIZATIONS DOING BUSINESS IN WEST VIRGINIA**

**RE: HMO PATIENT BILL OF RIGHTS**

West Virginia Code § 33-25C-3 requires all managed care plans to provide to subscribers, on a form prescribed by the West Virginia Insurance Commissioner, a notice of certain subscriber rights. As a result, this Office has developed the enclosed HMO Patient Bill of Rights. Health maintenance organizations are instructed by this letter to use the enclosed notice form as written. While specific font face and font size are not required, the form should be printed in a commonly used font face and in no less than 10 point font size.

This notice is to be provided to all HMO subscribers by September 1, 2000. Initial notice may be provided through individual mass mailing, may be incorporated in the subscriber handbook, or may be provided with the HMO newsletter. After September 1, 2000, the notice is to be provided to all new subscribers upon enrollment and to all existing subscribers upon contract renewal. Additionally, the notice is to be incorporated into each subscriber handbook by the next open enrollment period.

If you have any questions regarding the HMO Patient Bill of Rights, please contact Cathy Ayersman, Director, Consumer Advocacy Division, West Virginia Insurance Commission, P. O. Box 50540, Charleston, West Virginia 25305-0540.

Hanley C. Clark  
Insurance Commissioner

## **HMO Patient Bill of Rights**

1. You have the right to a description of an enrollee's rights and responsibilities, plan benefits, benefit limitation and you have the right to be informed of plan policies and any charges for which you may be responsible.
2. You have the right to choose an available participating Primary Care Physician (PCP), and with proper referrals, the right to a participating specialist.
3. You have the right to pursue grievance and hearing procedures without reprisal from the Health Maintenance Organization (HMO).
4. You have the ability to obtain a list of the plan's provider network and to obtain evidence of the medical credentials of the plan's providers such as diplomas and board certifications.
5. You have the right to privacy and confidentiality with regard to your personal information.
6. You have the right to full disclosure from your health care provider of any information relating to your medical condition or treatment plan and the ability to examine and offer corrections to your own medical records.
7. You have the right to have coverage denials reviewed by appropriate medical professionals consistent with the HMO's review procedures.
8. You have the right to emergency services without prior authorization if a prudent lay person acting reasonably would have believed that an emergency medical condition existed, and the right to a description of procedures to obtain emergency services.
9. You have the right to the procedures for obtaining out-of-area services, and access to a summary of the plan's accreditation report.
10. A woman has the right to direct access, annually, to her OB/GYN for the purpose of a well woman examination without a referral from her PCP.
11. A person over 50 years of age has the right to colorectal cancer examinations and laboratory tests for colorectal cancer.
12. A diabetic whose health benefits policy includes eye care benefits, has the right to direct access to an optometrist or ophthalmologist of their choice from the panel without referral from their PCP for an annual diabetic retinal examination. When the diabetic retinal examination reveals the beginning stages of an abnormal condition, access to future examinations shall be subject to prior authorization from a primary care physician.

**To receive a guide on Managed Care contact the  
Offices of the West Virginia Insurance Commissioner  
1-800-642-9004**